

Fairbanks North Star Borough

Air Quality Program

3175 Peger Road Fairbanks, Alaska 99709

(907) 459-1005 FAX (907) 459-1006

Vehicle Inspection and Maintenance Program Waiver Form

Name: _____

Address: _____

City/State: _____ Zip Code: _____ Phone: _____

Employer: _____

Make/Model: _____ License #: _____

Model Year: _____ Serial # (VIN): _____

Has this vehicle been I/M tested? ☐ Yes ☐ No

Results of last I/M test performed: ☐ Failed ☐ Passed

Reason for request: ☐ Summer Use Only

☐ Motorhome/Recreational Vehicle ☐ Out of State ☐ Will not pass I/M test

Vehicle Storage Location: _____

I certify by the signature below the above information is true and correct to the best of my knowledge. I understand that by signing this document, I am appointed as a designee of the Fairbanks North Star Borough responsible to affix the waiver or exemption windshield sticker to the waived vehicle as required by 18 AAC52.020. I understand that false statements made in this application with intent to mislead are punishable by law as a class A misdemeanor. I also understand that if the vehicle is operated within an I/M area during the period from November 1 through March 31, the seasonal waiver becomes void and the motorist becomes ineligible for future waivers. **A person who operates or allows a seasonally waived vehicle to be operated within an I/M area during the period from November 1 through March 31 is guilty of a class A misdemeanor, punishable by a fine not to exceed \$5,000 and/or a definite term of imprisonment of not more than one year.**

Applicant's ID # _____ Signature _____

Applicant's ID # _____ Signature _____

Co-owner's ID #: _____ Signature _____

Waiver # _____ Issued by: _____

Issue Date _____ FNSB Receipt # _____

Type of Payment: ☐ Cash ☐ Check Check # _____

This is to certify that on this _____ day of _____, 20____, personally appeared before me, the above individuals, who signed the within instrument, and acknowledged that he/she signed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

My Commission Expires: ____________

Notary Public in & for the State of _____